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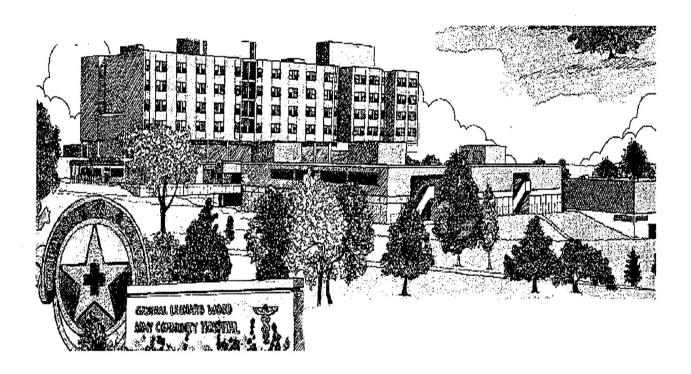
Fort Leonard Wood is expecting approximately 7,537 additional personnel as a result of the Base Realignment and Closure (BRAC) process. The increase is approximately 23% above the current population of 33,116 personnel. The Automated Staffing Assessment Model (ASAM) was used to forecast additional personnel requirements for General Leonard Wood Army Community Hospital (GLWACH) in response to the BRAC increase. A 23% increase was applied to the current Medical Expense and Performance Reporting System (MEPRS) workload levels within each hospital service and specialty. The results showed an increase in staffing requirements of eighty-three personnel (from 901 to 984), an increase of approximately 9.2%. Ten of the eighteen major functions within the hospital realized an increase. The largest percentage increase was realized in the Pathology Division (26%); the largest raw increase was realized in the Division of Primary Care and Community Medicine (28 personnel). Although the ASAM yielded useful information, additional data must be gathered before the validity of the ASAM as a forecasting tool can be assessed.

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# Determining Personnel Staffing Levels for General Leonard Wood Army Community Hospital Using the Automated Staffing Assessment Model (ASAM)



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The many clinicians, administrators, and support staff who provided me with candid wisdom about the workload and staffing process, and it's ultimate impact on quality patient care.

#### Abstract

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Fort Leonard Wood is expecting approximately 7,537 additional personnel as a result of the Base Realignment and Closure (BRAC) process. The increase is approximately 23% above the current population of 33,116 personnel. The Automated Staffing Assessment Model (ASAM) was used to forecast additional personnel requirements for General Leonard Wood Army Community Hospital (GLWACH) in response to the BRAC increase. A 23% increase was applied to the current Medical Expense and Performance Reporting System (MEPRS) workload levels within each hospital service and specialty.

The results showed an increase in staffing requirements of eighty-three personnel (from 901 to 984), an increase of approximately 9.2%. Ten of the eighteen major functions within the hospital realized an increase. The largest percentage increase was realized in the Pathology Division (26%); the largest raw increase was realized in the Division of Primary Care and Community Medicine (28 personnel).

Although the ASAM yielded useful information, additional data must be gathered before the validity of the ASAM as a forecasting tool can be assessed.

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# Determining Personnel Staffing Levels for General Leonard Wood Army Community Hospital Using the Automated Staffing Assessment Model (ASAM)

#### INTRODUCTION

#### **Conditions Which Prompted the Study**

In accordance with Title 10, 138 United States Code (U.S.C.), the Secretary of Defense is required to provide a detailed manpower requirements report to Congress each fiscal year. Since 1953, Department of Defense Directives (DoDD) 1100.04 and 1100.2 have required each Service to determine and program minimum essential manpower requirements based upon workload. In addition, DoDD 6010.13 requires each Service to use the Medical Expense and Performance Reporting System (MEPRS) in capturing uniform health care cost management data such as workload (MEDCOM, 1997).

In accordance with the guidance mentioned above, General Leonard Wood Army

Community Hospital (GLWACH) is conducting a study to determine the optimal staffing levels
of its clinical and support personnel in preparation for an increased beneficiary (patient)
population. Fort Leonard Wood is scheduled to receive the U.S. Army Military Police School
and the U.S. Army Chemical School from Fort McClellan, Alabama as a result of the Base
Realignment and Closure (BRAC) process. The two schools will merge to create the Maneuver
Support Center (MANSCEN) at Fort Leonard Wood no later than 1 October 1999 (BRAC
Office, 1998).

The creation of the MANSCEN will bring with it large influxes of permanent party military, family member, civilian, and trainee / student personnel. Based upon estimates provided by the Fort Leonard Wood Directorate of Resource Management, the influxes will result in 7,537 additional personnel, as expressed in **Table I** below.

Table I

<u>BRAC Increases Per Population Group</u>

POPULATION GROUP	BRAC INCREASE
Permanent Party Military	1,263
Trainees / Students	2,881
Receptees	90
Reserves	63
Medical Hold / Transient	63
Subtotal Military Personne	4,360
DA Civilians / DoD Permanent Party	364
Other Civilians	303
Civilian Trainees	100
Subtotal Civilian Personnel	767
Family Members (On-Post)	759
Family Members (Off-Post)	1,651
Subtotal Family Members	2,410
Total Personnel	7,537

GLWACH currently serves an estimated patient population of 33,116 personnel.

Therefore, the total beneficiary population will increase to approximately 40,653 personnel by 1

October 1999 - an increase of approximately 23%.

#### **Statement of the Problem**

The challenge facing the Commander of GLWACH, is determining the number of additional hospital personnel required, by service and specialty, to treat an increased beneficiary population while maintaining the facility's mission, "To provide quality health care services in a coordinated, comprehensive and compassionate manner, while producing highly trained health care professionals ready to deploy to any contingency" (GLWACH, 1998).

Although forecasts for increased staffing requirements have been made, they have not been validated with a standardized assessment tool to justify increased Table of Distribution and Allowances (TDA) positions.

#### **Literature Review**

A review of the literature reveals three basic methods for determining staffing requirements. The first method is termed the "intuitive method", also referred to as professional judgement. This is a very traditional approach, allowing managers to tailor the numbers and mix of staff based upon skill, experience, and patient need. The main drawback is a lack of consistency across wards and clinics (Clay, 1987).

The second method is the "consultative method". Two widely-known tools used in nursing are the Telford Method (Telford, 1979) and the Brighton Method (Waite & Hirsch, 1986). These tools both involve an internal audit of patient throughput and dependency, yielding a workload value. As with the intuitive method, the Telford Method has been criticized for its subjective nature and inconsistencies across wards and clinics. The Brighton Method combines both objective and subjective data in an attempt to increase standardization (Arthur & James, 1994).

The final method is referred to as "top-down staffing norms". The method is relatively simple to employ because it is based upon minimum requirements established by professional organizations for given specialties. The results may take the form of nurse - bed ratios per shift per clinic. The result is increased standardization, however there is no accounting for many of the factors considered under the intuitive method, mainly staff skill, patient need, and local variation (Arthur & James, 1994).

Studies suggest that three factors are key in determining whether a facility or patient care unit has adequate staffing to ensure quality care. The first factor is the ratio of staff to patients.

The second factor is the staff skill mix, or the percentage of staff who are RNs. The third factor is patient acuity – a measurement of the seriousness of the conditions of a facility's / unit's patients and the associated intensity of nursing resources needed to care for them. Accounting for acuity in staffing is important because the same number of patients can require radically different amounts of care. Failure to account for acuity can often result in inadequate staffing levels. *EMPOWER!*, the California-based managed care patient advocate organization, continuously lobbies state government officials to ensure Health Maintenance Organizations (HMOs) maintain safe medical staffing levels (EMPOWER!, 1998). Also, the National Academy of Sciences Institute of Medicine's committee on the adequacy of nurse staffing in hospitals and nursing homes refused to endorse specific laws or regulations mandating nursing staff ratios because they do not take acuity into account (Institute of Medicine, 1996).

There are sound reasons for ensuring proper medical staffing. Inadequate staffing levels can be extremely hazardous to patient care and safety. A 1993 review of the literature on RNs' impact on patient outcomes revealed "substantial evidence linking RN levels and mix to mortality, length of stay, cost, and morbidity outcomes" (Prescott, 1993). This evidence was validated by a 1997 study which found a great potential for harm in mandating nurse staffing regulations (Buerhaus, 1997). A 1989 study found that higher levels of staff per patient and higher skill mix are associated with a reduced chance of mortality within the hospital (Hartz et al., 1989). A recent study by the American Nurses Association found that staffing ratios and skill mix are significantly related to increased incidence of pressure ulcers (bedsores), pneumonia, urinary tract infection incurred after admission to the hospital, as well as postoperative infections (Knauf et al., 1997).

Understaffing has also been blamed for many recent deficiencies at Columbia Sunrise - Columbia/HCA's largest hospital. Some of the more serious offenses were:

- Significantly increased nosocomial infection rates
- IV dressings not changed for a week or more
- Late feedings for stroke patients
- Delays in the delivery of medications
- Errors in the delivery of IV medications and fluids
- Infections and bedsores from failure to turn bedridden patients as required
- Inability to fill physicians' orders properly

The root cause of the above-mentioned problems was the removal of the acuity assessment forms from the patients' records and charts. Erroneously, managers staffed their units based upon the number of patients in beds, regardless of their respective acuity levels (Profiles of U.S. Hospitals, 1996).

What tools are available to ensure we have optimal staffing levels in our facilities? A review of the literature reveals two basic methods for determining staffing ratios. The first method is derived through benchmarking in which the ratio of providers to patients within health care organizations is averaged to achieve a base line. The second method is the static mathematical model in which spreadsheets are used to develop formulas comprising several variables that are crucial to the facility's staffing plan.

#### Benchmarking

Kongstvedt discusses benchmark staffing ratios in terms of closed health plans - group and staff model panel HMOs or large group practices with a high proportion of managed care business. Averages are provided to help organizations establish ratios, but he points out that numbers vary depending on the size of the health plan, the geographical location, and the proportion of Medicare enrollees. As a result, provider - patient ratios vary widely among HMOs. A large, mature closed panel plan, serving a predominately commercial population,

enrolls an average panel size of 1,250 patients per primary care manager (PCM). Larger plans tend to have larger panels in order to achieve economies of scale (Kongstvedt 1996). However, a study of California HMOs found a much more robust ratio of 555 patients per PCM (Hart, et al., 1997).

• Another HMO method for determining panel size uses a combination of benchmark data and actuarial data. A ratio of 2,000 patients per provider is uniformly used for family practice physicians with two exam rooms. Likewise, the enrollment numbers of 1,400 and 1,200 are used for pediatricians and internists respectively. However, "equivalency factors" which account for individuals' age, gender, and chronic illness are assigned to each enrollee. Thus, one patient might count as 1.3 patients, therefore yielding a panel of fewer than the standard 2000 members (Institute of Medicine, 1996).

For over forty years, the United States Army defined manpower requirements using various forms of staffing tools. These tools included such processes as manpower surveys, staffing standards, staffing guides, and the U.S. Army Medical Command's (MEDCOM) 1993 Benchmarking System. The MEDCOM Benchmarking System used available man-hour and workload data from MEPRS to develop benchmark times (times to accomplish a unit of work for each Medical Treatment Facility [MTF] work center) through correlation and regression analyses (MEDCOM, 1997).

The MEDCOM Benchmarking System was based on the "most efficient organization" concept. The most efficient organizations were those MTFs which yielded the most efficient staffing mix (plus or minus one standard deviation from the mean) within the given service or specialty. The average amount of provider time per visit was established as the benchmark for all MTFs. Some examples were the Family Practice Clinic with a benchmark time of 17.88 minutes per visit, or 415 visits per provider per month; and the Primary Care Clinic with a

benchmark time of 10.98 minutes per visit, or 709 visits per provider per month (Johnston, 1998).

To verify the accuracy of the benchmark data; MEDCOM conducted on-site manpower studies at each MTF from 1993 to 1996. The studies revealed that the benchmark values were good estimates, but were in need of refinement (Johnston, 1998). As a result of the many flaws noted in the Benchmarking System, the process was redesigned and renamed the Automated Staffing Assessment Model (ASAM) in February 1997. This static mathematical model was first tested at Brooke Army Medical Center in San Antonio, Texas before being applied to MTFs throughout the Army (MEDCOM, 1997).

#### **Automated Staffing Assessment Model (ASAM)**

ASAM is a static mathematical modeling tool used to define MTF manpower requirements in the capitated budget managed care environment. According to the Office of the Surgeon General (OTSG), ASAM is currently the only officially recognized Department of the Army (DA) staffing process used in medical TDA work centers. The goal of the ASAM is to provide MTF commanders with useful information that will aid the development of various staffing options within the facility's business plan (OTSG, 1998).

ASAM determines the minimum essential requirements in each medical specialty and service within the MTF using Medical Planning Factors (MPF) and historical workload data collected and validated from two sources: MEPRS and the specific MTF itself. MEPRS data is used in determining inpatient, outpatient, and ancillary services, while locally appraised MTF workload is used to determine support and special program requirements. MTF-specific data includes an initial on-site assessment to evaluate locally configured elements, site-specific missions, support and special program functions, and MTF reported workload and staffing data. Specific considerations would include such data as Professional Officer Filler System (PROFIS)

requirements and Basic Trainee support requirements. The model also assists in managing alternative sources of labor (e.g. contracts, direct hire, and borrowed military manpower) (OTSG, 1998).

Please refer to the Methods and Procedures section below for a detailed explanation of the various ASAM worksheets.

#### **Purpose**

The purpose of this project is to determine the number of additional hospital personnel required (if any), by service and specialty, to treat the projected increased beneficiary population.

The results of the ASAM projection will be submitted to the MEDCOM Manpower Requirements Branch in order to justify increased positions for the FY00 TDA.

The variables to be used in forecasting additional requirements are specified below in the ASAM Worksheet Explanation of the Methods and Procedures section.

#### **METHODS AND PROCEDURES**

As stated in the conditions which prompted the study, the anticipated number of additional personnel assigned to Fort Leonard Wood is 7,537, an increase of approximately 23% above the current population level. Accordingly, the FY 98 MEPRS workload factors in each of the given activities, wards, or clinics will be increased by a uniform 23% for the purpose of forecasting.

Since the ASAM has never been utilized as a forecasting tool, it is important to discuss the concepts of validity and reliability. Cooper and Emory (1995) state the importance of validity and reliability in any measurement tool. They define validity as the extent to which a test or tool measures what it is intended to measure, and reliability as the accuracy and precision of the measurement procedure. Reliability is a necessary component of validity; therefore a tool must be both reliable and valid before it can meet validity constraints (p. 148-155). The extensive

three-year data collection effort by MEDCOM prior to fielding the ASAM, produced detailed, standardized formulas for determining proper staffing levels under various internal and external factors. For this reason, the ASAM is considered to be a reliable tool for determining MTF staffing levels. However, not until after the additional personnel have actually arrived on Fort Leonard Wood, and have used the hospital's services for a period of time may we begin to gather data on the validity of the ASAM as a forecasting tool.

#### **ASAM Worksheet Explanation**

The following explanation details the data / information represented on the ASAM worksheet. The GLWACH worksheets consist of twenty-two columns, which contain various data critical to the staffing level authorizations within the facility. Please refer to **Appendix A** for the completed worksheet for GLWACH. The specific column explanations are as follows:

#### Column (A): PARA

The TDA paragraph number of the function / position reflected in ASAM Column (C).

#### Column (B): MEPRS

The MEPRS account code for the function / paragraph number.

#### Column (C): FUNCTION

The affected MTF work center title.

#### Column (D): WKLD FACTOR

The abbreviated title for the MEPRS workload being assessed and / or Positional & Directed (P & D) Requirements. Positional & Directed Requirements are part of the "Open the Door" costs and are not earned based on workload. These positions are required because of the necessary foundational structure of the MTF, or are required by law. An example would be the MTF Commander, who is required regardless of the size or workload of the MTF.

#### Columns (E) & (F): REQ & AUTH

The baseline TDA Requirements and Authorizations. Positions used in the model after aligning the proper MEPRS code to TDA positions for the indicated function.

#### Column (G): WKLD

Represents the monthly average workload downloaded from the appropriate data source such as MEPRS or the Composite Health Care System (CHCS). This information is specific to the facility and may be based on data such as the number of clinic visits or prescriptions filled per month.

#### Column (H): MPF

The Medical Planning Factor(s). The MPF is the amount of time allotted to a provider to conduct a clinic visit. It is derived from the average amount of time for the visit plus the relative value of time for a patient visit, continuing education, ward rounds, as well as military and administrative functions. For example, an average face-to-face patient visit may take fifteen minutes, however the provider may only be able to conduct three visits per hour due to other administrative duties.

The factor is then applied to each clinic visit to determine the amount of providers needed. The MPFs are facility-specific based upon historical and actual time associated with reported manpower and workload.

#### Column (I): MPF PROV YIELD

The yield of providers earned, as determined by the formula:

Columns (G) x (H) / 145.0 hours (man-hour availability factor)

#### Column (J): ADD (BAQ / BBBA) & OTSG CONSLT

The additional requirements earned through MTF specific workload as generated within the unique work center. "BAQ" and "BBBA" are MEPRS codes representing Infectious Disease and Cardiovascular Thoracic Surgery respectively.

#### Column (K): PROV READI FTR ADD

The total number of provider personnel earned for readiness purposes, as determined by the

formula:

#### Total Monthly Hours of Readiness Training or Hours Deployed / 145.0 hours

#### Column (L): PROV REQ YIELD

The total provider requirements earned by effort, readiness, and MTF specific additive(s) as determined by the formula:

Columns 
$$(I) + (J) + (K)$$

#### Column (M): PROV SPT RATIO

The ratio of support personnel earned per provider. This ratio only applies to "B accounts" (MEPRS outpatient clinic data) and is unique to each function, thus allowing flexibility in the amount of nurses, paraprofessionals, and administrative personnel.

#### Column (N): MPF SPT YIELD

The number of support staff earned based on workload, as determined by the formula:

OR

The number of support staff earned based on number of providers earned, as determined by the formula:

#### Columns (L) x (M)

The formula used is dependent upon MEDCOM guidance, which directs how each activity will determine its support staff requirements.

#### Column (O): SPT READI FTR ADD

The total number of support personnel earned for readiness.

#### Column (P): DECENT APPT CLK ADD

The total number of appointment clerks needed, as determined by the formula:

#### Column (Q): SPT REQS YIELD

The total number of support personnel earned by workload and readiness, as determined by

the formula:

#### Columns (N) + (O)

#### Column (R): ASAM REQS YIELD

The total requirements earned including providers, support, and readiness personnel, as determined by the formula:

Columns 
$$(L) + (P)$$

#### Column (S): OUTSIDE MODEL LOCAL ADDITIVE

The numbers of requirements that exceed the model workload yield. This amount is assessed through a local MTF appraisal.

#### Column (T): NOTE CODE

The "alpha" or numeric code identifying the local condition affecting the specific work center. The code is then expressed as a footnote at the bottom of the worksheet printout.

#### Column (U): TOTAL MODEL REQ'S

The aggregate yield of provider, support, and readiness personnel, as determined by the formula:

Columns 
$$(Q) + (R) + (S)$$

The resulting number becomes the documented figure on the TDA.

#### Column (V): REQ'S DELTA

The delta between the documented baseline TDA requirements and the total model requirements earned, as determined by the formula:

Columns 
$$(U) - (E)$$

A minus (-) represents a loss in requirements, while a plus (+) represents a valid need. A need may be met by shifting requirements from other work centers where a loss has occurred.

#### **Recommended FTR Breakout**

Upon completion of the ASAM worksheet, the model generates a recommended "Full

Time Requirement" breakout by category (i.e. providers, nurses, paraprofessionals, and clinical support personnel) for all clinical activities within the hospital. It is important to note that the breakout is simply a recommended structure - it is not a mandatory staffing directive. Please refer to **Appendix B** for the recommended breakout for the GLWACH clinical activities. The specific column explanations are as follows:

#### Column (A): PARA

The TDA paragraph number of the function / position reflected in ASAM Column (C).

#### Column (B): MEPRS

The MEPRS account code for the function / paragraph number.

#### Column (C): FUNCTION

The affected MTF work center title.

#### Column (D): PROV (CAT 1)

The number of providers (Category 1 staff) required, as determined by the formula:

## Column (L) from previous worksheet \* CAT 1 %

### Column (E): DIRECT CARE PROV (CAT 2)

The number of direct care providers (Category 2 staff) required, as determined by the formula:

#### Column (L) from previous worksheet \* CAT 2%

#### Column (F): NURSE

The number of nurses (Category 3 staff) required, as determined by the formula:

### Column (P) from previous worksheet \* CAT 3%

#### Column (G): DIRECT CARE P/PROF

The number of direct care paraprofessionals (Category 4 staff) required, as determined by

the formula:

#### Column (P) from previous worksheet \* CAT 4%

#### Column (H): CLINIC / ADMIN SUPPORT

The number of clinical support, admin support, and logistic personnel (Category 5 staff) required, as determined by the formula:

Column (P) from previous worksheet \* CAT 5%

#### Column (I): TOTAL EARNED PROV

The total number of providers earned, as determined by the formula:

Columns 
$$(D) + (E)$$

#### Column (J): TOTAL EARNED SPT

The total number of support personnel earned, as determined by the formula:

Columns 
$$(F) + (G) + (H)$$

#### Column (K): TOTAL EARNED FTR'S

The total number of full-time requirements earned, as determined by the formula:

Columns 
$$(I) + (J)$$

#### **Requirements Summary**

The ASAM also generates a summary sheet which combines each department's / division's data into an aggregate total. This sheet allows the MTF Commander to understand the total impact of the personnel changes to the facility. Please refer to Appendix C for the GLWACH summary sheet. The specific column explanations are as follows:

#### Column (A): MODEL PART / PAGE

The specific part / page where the data from a function may be found.

#### Column (B): FUNCTION

The specific department, division, or activity within the facility.

#### Columns (C) & (D): REQ & AUTH

The baseline TDA Requirements and Authorizations; positions used in the model after aligning the proper MEPRS code to TDA positions for the indicated function.

#### Column (E): READINESS REQ'S ADDITIVE

The total number of provider personnel earned for readiness purposes.

#### Column (F): ASAM REQ'S YIELD

The total requirements earned including providers, support, and readiness personnel.

#### Column (G): OUTSIDE MODEL ADDITIVE

The numbers of requirements that exceed the model workload yield.

#### Column (H): TOTAL MODEL REQ'S

The aggregate yield of provider, support, and readiness personnel. The resulting number becomes the documented figure on the TDA.

#### Column (I): REQ'S DELTA

The delta between the documented baseline TDA requirements and the total model requirements earned. A minus (-) represents a loss in requirements, while a plus (+) represents a valid need.

## **RESULTS**

Increasing the MEPRS workload factors within each hospital function by 23%, yielded staffing increases as expressed in **Table II** below:

Table II

<u>ASAM Staffing Increases Per Hospital Function</u>

FUNCTION	PRE-BRAC STAFFING	POST-BRAC STAFFING	INCREASE (RAW)	INCREASE ( % )
Command & Special Staff Section	30	27	-3	-10.0
Surgery Division	73	83	10	13.7
Anesthesiology & Op Services	30	34	4	13.3
Primary Care & Community Med	191	219	28	14.7
Nursing Operations Division	96	109	13	13.5
PERTS	9	10	1	11.1
Behavior Medicine Division	39	46	7	17.9
Radiology Division	37	38	1	2.7
Pathology Division	43	54	11	25.6
Pharmacy Division	32	37	5	15.6
Logistics Division	117	117	0	-
Patient Administration Division	61	61	0	-
Human Resource Division	16	16	0	-
Nutrition Care Division	45	51	6	13,3
Resource Management Division	14	14	0	-
Automation Management Division	17	17	0	-
Managed Care Division	19	19	0	-
Preventive Medicine Division	32	32	0	-
Total Personnel	901	984		
Total Additional Personnel			83	9.2%

As shown, the net personnel increase for GLWACH is eighty-three, or approximately a

9.2% increase from the pre-BRAC staffing level of 901 personnel. Of the eighteen major functions within the hospital, ten experienced increased requirements. The largest percentage increase is the Pathology Division (25.6%); the largest raw increase is the Division of Primary Care and Community Medicine (28 personnel). Only the Command and Special Staff Section experienced decreased requirements due to the elimination of three positions.

#### **DISCUSSION**

It is important to note that the MEPRS workload factors are but one of many variables considered within the model, as evidenced by the fact that the 23% workload increase did not increase service or specialty requirements within the hospital by the same amount. For example, the constraints of the model may consider that an Internal Medicine Practitioner (from the Division of Primary Care and Community Medicine) can treat thirty patients per day. If our Internal Medicine Practitioners are currently treating only twenty patients per day, then the 23% workload increase will raise the number to only twenty-four patients per day, which is not enough to warrant additional requirements.

The assumption of this project is that the increased patient utilization of each activity will not differ significantly from the increased number of beneficiaries who are covered by the activity. However, there are several factors which could alter the forecasted workload increase for a particular clinic or service. Two examples are TRICARE enrollment and health care demand.

#### **TRICARE** Enrollment

A policy memorandum from Dr. Stephen Joseph, Acting Assistant Secretary of Defense for Health Affairs, outlined the "TRICARE Prime" doctrine in accordance with Title 10, 138 U.S.C. The doctrine states first priority of care goes to active-duty members, second priority

goes to other TRICARE Prime enrollees, and last priority goes to non-TRICARE Prime patients (Joseph, 1996). Some of the new Fort Leonard Wood personnel who are eligible to enroll in TRICARE Prime may not choose to do so. Therefore, they will only be treated at GLWACH on a space-available basis. Conversely, personnel who are currently not in TRICARE Prime may choose to enroll in the program, thereby increasing the GLWACH enrolled population.

Personnel who do enroll in "TRICARE Prime" may choose either a family practice option or a multi-specialty option. Those choosing the family practice option will have all their family's primary care needs met by a family practice PCM. Those choosing the multi-specialty option will have their family's primary care needs met by an internal medicine PCM, and their pediatric and OB/GYN needs will be met by the respective specialists. Currently, of the 19,600 enrolled beneficiaries, 10,450 (or 53.3%) are covered by Family Practice, while 9,150 (or 46.7%) are covered by multi-specialty services (DPCCM, 1999). It is possible that a disproportionately large percentage of the new personnel will desire either option. A large percentage of Family Practice enrollees could result in a significant workload increase in the Family Practice Clinic, with only a marginal workload increase in the Internal Medicine, OB/GYN, and Pediatric Clinics. A large percentage of multi-specialty enrollees could have the opposite effect.

#### **Health Care Demand**

It is very difficult to predict the future health care demands of a large population, especially a population that has not yet arrived. For this reason, the assumption must be made that the demand will not be significantly different than that of the current assigned population. However, factors such as fitness level, health status, work environment, stress level, illness acuity, and propensity to seek medical care are traits which are unique to each beneficiary, and could either raise or lower demand.

Health promotion and disease prevention efforts are crucial in reducing demand for health

care services. Initiatives in our Health Promotions Center and Clinic may increase the health status of the population, thereby decreasing demand for primary and specialty services.

GLWACH will also institute a Telephone Nurse Triage (TNT) "help-line" to provide phone consults for patients requesting a same-day appointment with their PCM. Preliminary estimates show a possible avoidance of 9,000 emergency room visits and 8,187 clinic visits per year (DCCS, 1999).

#### **CONCLUSION & RECOMMENDATIONS**

The Automated Staffing Assessment Model yielded useful information to the leadership of General Leonard Wood Army Community Hospital. The main utility of this project is determining the appropriate staffing levels to ensure the GLWACH staff is prepared for the additional patient population and subsequent workload increase. The additional personnel requirements determined by the ASAM were submitted to MEDCOM in January of 1999 to obtain required positions on the FY00 TDA. If the positions are approved, I recommend the GLWACH Governing Board authorize the recruitment of additional personnel no later than May of 1999 - six months before the effective date of the TDA.

As stated previously, not until after the additional population arrives at Fort Leonard Wood may we truly assess the validity of the ASAM as a forecasting tool. At that time, we will adjust our staffing levels to meet the health care needs of our beneficiaries.

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# APPENDIX A

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0.00 ROOM

NOTE: Aneetheeiologist / CRNA recommended ratio of 1:4

Anesthesiologist

CRNA

Enter Ratio here>>>> 1 1 10 4

# DFB OPERATING ROOM

EM. ETAPPING PROPILE:

2700 SPINLAWING FACTOR PER ROOM (PFPR)

2700 SPINLAWING FACTOR PER ROOM (PFPR)

0.200 PREPARED PER ROPOSATIVE REQUIREMENTS

0.200 SECTION ADMINIST PER ROPE

0.00 OLLUTH (PET WINGS INGHER & WEEKENDS)

0.00 ALUTH

RN STAFF EARNIED:
1-84 CURRENT OFFEATHWA RDOM OUTFUT
1-84 CURRENT DAY CAME PRODUCTIVITY
5-225 WGR.CAD REG
5-225 WGR.CAD REGS FORMULA: 9 OR 8 x PLANNING FACTOR

6 155 PARA - BTAFFING PROPILE; 6 155 PARA PLANNUS FICTOR PERROOM (PFPR) PFPR BREAKOUT 1650 SCHOOL POOL ADMINISTER ON CASE OF SCHOOL ADMINISTER ON CASE OR SCHOOL ADMINISTER OF SCHOOL ADMINISTER

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5 PRIMARY CARE & COMMUNITY MEDICINE	FUNCTION (C)				ALLERGY AND IMMUNOLOGY CLINIC	NIC				GENERAL PEDIATRIC SERVICE			INIC CEIMIC VISIL	INTERNAL MEDICINE SERVICE			RESPIRATORY THERAPY SECTION				FAMILY PRACTICE SERVICE	RAM		N.			/ICE		25		S			5	SING	RHAR HOSPITAL ACLITEMINOR II INFOCUM CINESTORIE	MINOR ILL
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PRIMARY CARE & COM			CHIEF, PCCM		ALLERGY	IMMUNIZ		DERMAT		GENERAL		EFMP	WELL DA	INTERNA	CARDIOLOGY		RESPIRA		EKG	6 11 2 X	FAMILY	PHASEII	3年 医	EMERGE			AMBULA		CONSOL	BHAM PRIMARY CARE	MEDICAL	MEDICAL EXAM	POR CLERK	MMCNIZ	MEDICAL	HOSPITA	MUSCHIEN STATE
5 PRIMARY FT LEONAR	MEPR (B)	30		Ť,	BAB	FB		BAP	- 17	BDA	0	MANAGEMENT BOOK MELL DADY CLASS	4000	BAA			DHA		DDA		BGA	Section and Committee of the		4			FEA		BHAM	BHAM	EKAM		EBA	FBIB	FCG	RHAR	DUAD
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DPCC&CM READINESS
INTERNAL MEDICINE - PROVIDER
FAMILY PRACTICE - PROVIDER
NOTE CODE DEFINED:
CONTRACT CARDIOLOGIST
MINIMUM REQMT 24 HRJ DY WEEK
CONTRACT ER
MINIMUM REQMT 2 VEHICLES
PAD RQMT
MINIMUM STAFFING

YRLY FTR 112 0.064 ER 1232 0.708 TOTAL 
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TDA RMKS

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PART:	PA	€		457/LN01-03		460/1,1401-02		460A.LN01-09		460C/LfJ01-12				460D/LN01-12			4660F/LN01-1		465D/LN01-08		465C/LN01-2	TOTALS
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NOTE CODE DEFINED:
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TDA RMKS

NURSING READINESS

YRLY FTR 1350 0.776

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2/8/99

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PART:         7           PLANS, EDUCATION, READINESS, TRNG, SEC           FT LEONARD WOOD MEDDAC           (A)         (B)         (C)           760:LN01:06         EBC         CHIEF, PERTS           760:LN02-05         EBF         PERTS           LN06A-08         WLF 1: # CME FILES           VMLF 2: ACTIVE DUTY POPULATION           760A-LN01-02         EBF         MEDICAL LIBRARY           VMLF 1: # OF USERS           VMLF 1: # OF USERS		훒.	_					ď		ď				ď		e e	
PART:         7           PLANS, EDUCATION, READINESS, TRNG, S           FT LEONARD WOOD MEDDAC           PARA         MEPR         FUNCTION           760:LN01:06         EBC         CHIEF, PERTS           LN05A-05         EBF         PERTS           LN05A-08         WLF 1: # CME FILES           760:LN01-02         EBF         MELF 2: ACTIVE DUTY POPULATION           760:LN01-02         EBF         MEDICAL LIBRARY           WLF 2: ACTIVE DUTY POPULATION         WLF 1: # OF USERS           WLF 1: # OF USERS         TOTALS		Ü										_					
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PART:         7           PLANS, EDUCATION, READINESS, T FT LEONARD WOOD MEDDAC           PARA         MEPR         FUNCTION           (A)         (B)         (C)           760:LN01:06         EBC         CHIEF, PERTS           T60:LN02-05         EBF         PERTS           LN06A-08         WLF 1: # CME FILES           760:LN01-02         EBF         MEDICAL LIBRARY           760:LN01-02         EBF         MEDICAL LIBRARY           WLF 1: # OF USERS         WLF 1: # OF USERS		RN										Ŋ					
PART:         7           PLANS, EDUCATION, READINES FT LEONARD WOOD MEDDAC           PARA         MEPR         FUNCTION           (A)         (B)         (C)           760-LN01-06         EBC         CHIEF, PERTS           760-LN02-05         EBF         PERTS           LN06A-03         WLF 1: # CME FILES           760A-LN01-02         EBF         MELF 1: # CME FILES           760A-LN01-02         EBF         MELF 2: ACTIVE DUTY PORTY           760A-LN01-02         EBF         MEDICAL LIBRARY           760A-LN01-02         WLF 1: # OF USERS           760A-LN01-02         WLF 1: # OF USERS		S, T							314			2					
PART:         7           PLANS, EDUCATION, READING FT LEONARD WOOD MEDDAC           PARA         MEPR         FUNC           (A)         (B)         (C)           760-LN01-06         EBC         CHIEF, PERTS           LN06A-08         EBF         PERTS           LN06A-08         WLF 1: # CME FILES           760A-LN01-02         EBF         MEDICAL LIBRARY		VES			ē							9					SI
PART:         7           PLANS, EDUCATION, RE/FILEONARD WOOD MEDDAC           PARA         MEPR         FILEONARD WOOD MEDDAC           760:LN01:06         EBC         CHIEF, PERTS           760:LN02-05         EBF         PERTS           LN06A-08         WLF 1: # CME FIL           760ALN01-02         EBF         MEDICAL LIBRA           760ALN01-02         EBF         MEDICAL LIBRA           760ALN01-02         EBF         MEDICAL LIBRA		NDIP			Š	ဗ					ES	5		₽	RS		5
PART:         7           PLANS, EDUCATION, FT LEONARD WOOD MEDD.           PARA         MER           (A)         (B)           760-LN01-06         EBC         CHIEF, PERTS           TROALN02-05         EBF         PERTS           LN06A-08         WLF 1: # CME           760A-LN01-02         EBF         MELF 1: # CME           760A-LN01-02         EBF         MELF 2: ACTIV           760A-LN01-02         EBF         MELF 1: # OFT		RE/	ပ္ခု		Œ			رم			三	E D		R	USE		
PART: 7 PLANS, EDUCATIC FT LEONARD WOODD M FT LEONA		Ň,						R			뽌	Ĕ			9		
PART: 7 PLANS, EDUC/ FT LEONARD WOG PARA MEPR (A) (B) 760-LN01-06 EBC CHIEF 760-LN02-05 EBF PERTS LN06A-08 APPR 760A-LN01-02 EBF MEDIC		ATIC	ΣQ					F	9		#	¥		Ä	#		
PART: 7 PLANS, ED PLANS, ED FT LEONARD FT LEONARD (A) (B) 760-LN01-06 EBC CH 760-LN02-05 EBF PE LN06A-08 CH 760A-LN01-02 EBF ME 760A-LN01-02 EBF ME		nc	ş					빌		R	디	F 2		띪	7		
PART:         7           PLANS,         FTLEONB           PARA         MEPR           (A)         (B)           760-LN01-06         EBC           1N06A-08         EBF           LN06A-08         EBF           760A-LN01-02         EBF		ED	읾					핑	X	PE	Z	3		M	ĭ		2
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PERTS READINESS YRLY FTR 0.000

NOTE CODE DEFINED:

**TDA RMKS** 

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2/8/99

MODEL MODEL REG'S ADD CODE (R+S)	ε		2					1	2.5						22.5		Edva.							-	
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ATTERN ombined (C	(0)		-		0	0		0		8		-		9		9			2				4	**************************************	52
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	(L)						THE RES	1	1	1 2		-		3									1		13.000
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	STATE OF THE STATE OF		0					0		0		C		0.									000		0.000
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	8				89 SF	02		00 3 1.0			8							50		00	50		5 新疆		11.0
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	(E)	1000000	es.			()				10		2	1	ଃ		9			0						37
WLKD	(a)		PATTERN		# PROCEL	# PROCE		CLINIC VI		CLINIC VI		CLINIC VI	15.28	CLINIC VI											
	STATE		NOISING									VICE		TH SER				ERALS	*		ERALS				<b>CLINIC VISITS</b>
×		Sec. 15.	DICINE	As a literal				ш	5 11	E		GY SER	A 31 15 13	AL HEAL		CES		COLLAT	ROGRA		COLLAT	1	CLINIC		Z C
FUNCTIC	(C)	18 18 18 E	VIOR ME					SERVIC		SERVIC		YCHOLO		Y MENT		K SERVI	C VISITS	OF MO	OCACY F	C VISITS	OF MO		ABUSE		
	Control of the Contro	200	г, вена					ROLOGY		CHIATRY	1. N. 90.	ICAL PS	100	MMUNIT		IAL WOR	1: CLIN	2: AVG #	ILY ADV	1: CLINE	2: AVG #		STANCE		
oz.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	12	- 1	1	- 1						20		30.5	1			A WLF	WLF	B FAM	A WLF	WLF				200
MEP	(8)		EB		00	00		BA		_	Ť.					BF	BFE		BFE	S BFE		P. C. 10.			
PARA	(A)	W. C. W.			362004			3533,31	Tring and Asset	44 NOT-0		52,1451.6	はいる	54LN01-0		574,NO1	1						384 MO1-0	我是我	TOTALS
	WILKD 1928 1288 Combined & OTSG FTR (144) SPT (174) ADD FLACTOR REQ AUTH WILKD MPF (174) SC ONSIL ADD (14-34) RADD (14-34) ADD (14-34) ADD (14-34) ADD (14-34)	VIED   BBBA   READ   PATTERN   PROV	VIELD   BBBA   READ   PATTERN   PROV	VIELD   BBBA   READ   PATTERN   PROV   [TM]   READ   ADD	VIELD   BBBA   READ   PATTERN   PROV   [TM]   READ   ADD   ADD	WILKO 0788   PATTERN   PROVIDE   PATTERN   P	MEPR   FUNCTION   FACTOR   FEQ.   MITHO   MAY   MITHO   MAY   Combined   AD   Combined   AD	MER   FUNCTION   FACTOR   FEG   WIND   WIN	MER   FUNCTION   FACTOR   FEG   AUTH   MLKD   MPF   Genbined   A OTSG   FTR   CHANG   CHANG	MER   FUNCTION   FACTOR   FEG   AUTH   MUKD   MPF   Gentlating   A OTSG   FTR   GLHG    STR   GTHG    STR   STR   GTHG    STR   STR   GTHG    STR   ST	WILLY   FACTOR   FEG.   WILLY   WILL	WILD   FACTOR   FEA   WILD   WILD	WILKING   FACTOR   FEATTHEAN   FACTOR   FEATTH   WILKIN   WILKIN   WILKIN   MATE   COMBINING   ACTIVITY   COMBINING   COMBIN	NETTO   Pattern   Patter	Name	METAL   PANCHON   FACTOR   REG   AUTH   WILKID   MAP   Graphine   AUTH   AUTH	National   Property   Property	NET   PROVIDED   PATTERN   PATTERN	NET   FUNCTION   PACTOR   REG   AUTH   WLKO   NET   Combined   Continue   C	NEAR   FINKTION   FACTOR   FREQ   AUTH   WILKO   AUTH   WILKO   AUTH   WILKO   AUTH   WILKO   AUTH   WILKO   AUTH   WILKO   AUTH   AU	NEPR   FUNCTION   WILD   FACTOR   REG   AUTH   WILD   WI	NET   PROVIDED   PRO	Factor   F	Name	Hart   Function   Fu

READINESS C. BMD READINESS C. CMHS READINESS

TDA RMKS

NOTE CODE DEFINED: CONTRACT RQMT INCLUDES 1 SPT REQ & 1 REQ FOR ADAPCP - ST LOUIS

	REQ'S DELTA		2	1					- Commercial and a comm	-
TOTAL	REQ'S (M+N)	36	36						2	38
Ī	CODE		7							
OUTSIDE Model	ADD		0000						0.000	0.000
Combine 0	(X+L)		35			T.			3	38
4 141	AD A	î	0.000			7			0.000	0.000
WLF	ERND (0.3)/145 (K)		35						3	38
	MPF		0.487	<b>新新花</b>					0.405	4
FOTAL	(H*146)		5075						145	
*	PERSON RI REQUIRE		35						-	36
	WLKD RI		10424						938	
(	AUTH (F)		32	4	2	4	-	21	3	35
	6298 REQ (E)		33	4	2	4	-	22	4	37
;	WLKD FACTOR (D)		WGTD PR				711		WGTD PR	
	II.		W	V50				NO	M	
			λ.	RADIOL	Y CMTC			Y SECTION	RVICE	
	FUNCTION (C)		ADIOLOG	MENT OF	ADIOLOG	NO		<b>ADIOLOG</b>	CINE SE	TOTALS
VISION			DSTIC RA	CHIEF, DEPARTMENT OF RADIOLOGY	DIAGNOSTIC RADIOLOGY CMTC	CT SCAN SECTION	<b>ULTRA SOUND</b>	DIAGNOSTIC RADIOLOGY SECTION	<b>NUCLEAR MEDICINE SERVICE</b>	
9 RADIOLOGY DIVISION FT LEONARD WOOD MEDDAC			DCA DIAGNOSTIC RADIOLOGY	CHIEF,	DIAGN	CT SCA	ULTRA	DIAGN		\$-7×8
9 RADIOI FT LEON	MEPR (B)		DCA			3		5 President	DIA	
PART:	PARA			601/LN01-03	215/LN13	603A, LN01-03	603B/LN01	603C, LN01-16	605/LN01-04	
-				601	51	603	.09	603(	605	

RADIOLOGY READINESS

**YRLY FTR** 0.000

TDA RMKS

NOTE CODE DEFINED:

			REQ'S	DELTA	ĝ		9									2				-	-		10
	TOTAL	MODEL	REQ'S	(M+N)	•		37									8				2	4		54
			NOTE	CODE	0																		
	OUTSIDE	MODEL	LOCAL	ADD	Ê	27.7	0.000				20.74					0.000				0.000	0000		0.000
ASAM REQ	Combined	S (THI)	(K+L)	(H+X+L)	(M)		37									ထ				5	4		\$
		READI	FIR	ADD	3		0.000									0.000				0.000	0.000		0.000
		WLF	ERND	(0.7)/145	3		36.897	1.00								7.812				4.920	3.687	*	53.316
				MPF	3		0.171									0,180				0.439	0.091		
	TOTAL	HOURS	REQUIRE	(HT145)	€		4350									870				580	435		
			PERSON		€		30									9				4	3		£
				WLKD	9		31360									6293				1624	5882		
		:	0298	AUTH	Ē		တ္တ	5	ത	ro E	4	4	2	-		ဖ	4	2		4	3		43
			0298	REQ	(E)		31	5	01	5	4	च	CI	-		9	4	2		4	3		44
			WLKD	FACTOR	<u>e</u>		WGTD PRO									WGTD PRO				WGTD PRO	WGTD PRO		
						100	×		E							W	ECTION			*	A		
				_				IVISION	Y SERVIC		N	ION		IVISION		OGY	OLOGY S			7	ON(DNA)		
		0		FUNCTION	9		HOLOGY	OLOGY D	THOLOG	SECTION	Y SECTIC	GY SEC.	CMTC	OLOGY D		PATHOL	AL PATH	ECTION		SECTION	R SECTION		TOTALS
	PATHOLOGY DIVISION	FT LEONARD WOOD MEDDAC					DBA CLINICAL PATHOLOGY	CHIEF, PATHOLOGY DIVISION	CLINICAL PATHOLOGY SERVICE	CHEMISTRY SECTION	HEMATOLOGY SECTION	MICROBIOLOGY SECTION	PATHOLOGY CMTC	CHIEF, PATHOLOGY DIVISION		DBB ANATOMICAL PATHOLOGY	C, ANATOMICAL PATHOLOGY SECTION	CYTOLOGY SECTION		DBC BLOOD BANK SECTION	BLOOD DONOR SECTION(DNA)		
	HOLOGY	ONARD WO		ŭ.	•		A CLIN	CHIE	CLIN	CHE	HEM	MICE	PAT	CHIE	*	B ANA	C, Ah	CYTC	7	C BLO	FAF BLOO		
9	PAT	FTLE		MEPR	8		BO I	20.54	8	4	4	4 35 35				90 M		2 2					
PART:				PARA	€			621-LN01-05	624A/LN01-08	624B/LN01-04	624C/LN01-04	624E/LN01-04	215/LN12	626/LN01			623/LN01-04	623A/LN01-02		624H:LN01-03	624J/LN01-03		
						1		95.	624	624	624	624	5	6.			620	623		624	624		

	YRLY	FTR
ATHOLOGY READINESS	0	0.000

TDA RMKS

NOTE CODE DEFINED:

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			DELTA		St. 10. 63. 34.	ę		0								4
TOTAL	MODEL					34		2			200				-	37
111	L		CODE	0	100	-						4				
S d outside	100	LOCAL	ADD	Ē	The Prince	5.000		0.000		2					0.000	32.000 5.000
ASAM REC	W. THEL	(K+L)	(H+K+L	(M)		23		1 32. E							1	
	READI			3	100	0.046								10.10		0.046
			(0.1)/145			29								13 K		30.051
		,,,	MPF	3		0.083									1.179	7.74
TOTAL	# HOURS	REQUIRE	E (H-146)	€				290	***********		E 12. 12. 12.				145	
	**	PERSON	REGUIRE	Œ				2							-	6
		73.		(0)		50752									123	
		0298	AUTH	(F)		36	3	7	4	4	3	=	4	2	2	36
		0298	REG	(E)		37	e	2	দ	4	4	12	4	2	M 2	37
		WLKD	FACTOR	e		WGTD PROC			, and the second						# OF LINE ITEM	
						WC						CIS :-		VENDOR	*	
									SECTION			٠,	NOIL:	PHARMACY SPT SECTION-PRIME VENDOR	DOR)	
	O		FUNCTION	(2)			HEF	ATC	AMB CARE PHARMACY SECTION	CTON	CTION	<b>OUTPATIENT PHARMACY</b>	REFILL PHARMACY SECTION	T SECTIC	LOGISTICS (PRIME VENDOR)	TOTALS
IVISION	FT LEONARD WOOD MEDDAC					MACY	PHARMACY CHIEF	PHARMACY CMTC	CARE PH	STER PROD SECTON	<b>UNIT DOSE SECTION</b>	ATIENT	L PHARM	MACY SF	STICS (PR	
11 HARMACY DIVISION	ONARD WO		œ			A PHARMACY	PHAR	PHAR	AMB	STER	INN	OUTP	REFIL	PHAR	LOGI	
PHAF	FTLEC		MEPR	(8)		DAA		8	3	04	03	13 5	12A	72		
PART:			PARA	(A)				215.LN14/18	642/LN01-03	643A/LN01-04	643B/LN01-03	645/LN01-03	645B/LN01-02A 💈	646/LN01-02	646/LN03	
								Cı	9	79	64	9	64	Ó		

PHARMACY READINESS

YRLY FTR 80 0.046

NOTE CODE DEFINED:
ADD RQMTS: (1) PEC (1) HLTH PROM (3) INTERVENTION

TDA RMKS

	REG'S DELTA (Q)		0		Victoria de la Constantina del Constantina de la		0	1	-			-2		-			0		0		0							-2			2		2		,		-2		9
TOTAL	(M+N+O)		4	15	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4	3. C	3	200		2		9	200		8		3		11		2			2		2			7		4			,	9		111
i i	CODE (O)	200			A HARLINE				The state of the s			2000 Park 1			(A. P.)		W. 1974		1.12.25.25.4				1				18.3						THE SPICE			1000			
MODEL	ADD (N)		0000	0.000	10 Car 25 E.		0000	2.12	0.000		To the second	0000		0 000	J. D. C.		0.000		D 000		0.000		1 000					0.000			0.000		0.000			7.000	0.000		1 000
Combine			77	15			**	Sales of	3		100	2		9			8		3	教育 10	-		1 1			19 6 B		2			<b>学校学校</b>		44		,		9		116
READI			0.000	0000	A PARTY		0000		0000			0.000		0.000	CAPATA		0000		0.000		0 000		0.000			0.00.0		0.000			0.000		0.000		0000	2000	0.023	i	0.023
WLF	(x)				000					1.000			1,000		5.000			0.000	Į.	3.000		11,000									0000	200		42,000		3000		6.000	83 000
	¥ €	200			0.113					0.035			0.016		0.079			0.121		0.048		0 174									235.0	200		0.153				######	
TOTAL HOURS	(HT-148)		580	2030	145		580	100	280	145		3	145	145	725			8	ŀ	435	1000	1585	145			PAN A		290	Į,		SOC.			9090	1	435		870	
# #	REQUIRE (H)		4	14	-	1000	4		2	•				-	S		0	•		ဂ		11	1		,	7		2			2	7		42		33		8	114
	WLKD (G)			1	127.8					4140					9157					9157		5157									103		k	39761		32887		8909	
	ACTH (F)			10	10.1							-		9			O STATE OF S				1																0		76
10 (10 miles)			7	16	100		4		c:			4		7			S SERVICE S		5 Carolina 18 Caro		13		1					4			9.0		42		T. Service of the ser		8		123
WLKD			POSITIONA	POSITIONA	(1) (A) (A)		POSITIONA		POSITIONA			POSITIONA		POSITIONA				1				1	POSITIONA			rusi llora		POSITIONA				Į,							
<b>*</b>	. Ā		POSI	Posi	DURS		Posi		Posi	SED		FOSI CED	O SC	Posi	SED		050			SED		SED	POSI			2		POSI			i e						2	EPANE	
	۱			ANCH	MAINTENANCE HOURS	100000000000000000000000000000000000000				ACTIONS PROCESSED		CSI SVC & THI INV FORM BOOCESEED	בייטטביי	A CONTRACTOR OF THE CONTRACTOR	WLF 1: # OF TRANSACTIONS PROCESSED		SECA NOV DISTRICT STORAGE SEC	2000		WLF 1: # OF TRANSACTIONS PROCESSED		WLF 1: # UF I KANSACIIONS PROCESSED	No. of Charles and Assessment	S		S			S		S		T	LEANED	NISE			WLF1: SPECIFICALS FABRICATED/REPARE	
	FUNCTION (C)		NOISION	ANCE BRANCH					_	ACTIONS		ACTIONIC	NO INC	C	ACTIONS		AGE SEC			ACTIONS	IM BR	ACTIONS PR	Section Section 5	REMENT		REMENT	A Transfer		REMENT		REMENT		ONTRAC	OTAGE C	OH NI - LO	F LINEN		LSFABR	TALS
N			Jeisiles	AAINTEN	JIPMENT		IGMT BR		BRANCH	F TRANS		TOANG	ON WILL	MGT SE	F TRANS	CTO O CTO	FTRANS		SSEC	F TRANS	COMM 8	OF IKANS	SEC	L REQUI	LI LI LI	L REQUI		TR SSEC	L REQUI	VC BB	L REGUI		PING - C	JARE FO	AGEME	OSGNOC	AB SEC	PECITICAL TRANSPORT	10
WOOD ME			CHIEF, LOGISTICS D	MEDICAL MAINTEN	LF 1: EQI	20.00	ACILITY A		MATERIAL BRANCH	LF 1: #0	VII VII O OVO LOU	WIE 4: # OF TRANS	50 4 7	CO & MA	LF 1: #0	010 10 10 10 10 10 10 10 10 10 10 10 10			EEA MAT DIST SSEC	LF 1: #0	PROP EQ TCOMM &	LF 1: # 0	EBC TCOM & IM SEC	ANOITISC	TOMO	SITIONA	2011 C 2014	AIL & DIS	DSITIONA	ENVIRON SVC RR	ANOILISC		HOUSEKEEPING - CONTRACT	LF 1: SQI	HA LINEN MANAGEMENT - IN HOUSE	LF 1: # P	PTICAL F	LF 1: # S	101
12 LOGISTICS DIVISION FT LEONARD WOOD MEDDAG	MEPR (B)		EEA C	EGA MI	W. C.		EEA FACILITY MGMT BR		EEA M.	WLF 1: # OF TRANSA	0 000	A CANADA		EEA ACQ & MAT MGT SE	3	411	W SASSAGE		EEA M	3	EEA PI	\$	EBC TO	POSITIONAL REQUIREMENTS	CEN DEC MOT OFF	POSITIONAL REQUIREMENTS	10	EBC MAIL & DISTR SSEC	POSITIONAL REQUIREMENTS	FEA FA	LLX:		EFA HO	WLF 1: SQUARE FOOTAGE CLEANED	EHA LI	100	FAC OF	<b>X</b>	
		8.2		W. C. T. W.	0				97.187.69					Daut 15 · C2			A A STATE OF THE S		1,1101		Trio, us		Cell 1151		が記念を表現を	N. C. C. L. C.		74,000,00		DAMESTICAL	1		101-00		38C/LN61-63		08F/LHC1 04		
PART:	PARA (A)			111	る。		10441		The de Co		報を表記			COSEMI			100		1969		1	1	C. C.					10797		70347	10 mg		0864,401-00		7.08C/L		708F/L		

**YRLY FTR** 40 0.023 LOGISTICS READINESS OPTICAL LAB FAB

TDA RMKS

NOTE CODE DEFINED: TELE-MEDICINE REQUIREMENT

PARA   MEPR   FUNCTION					HOURS	SERVE			HOOK TO	L	MODEL	
A CHIEF, PATIENT ADMIN DIVISION  "MEDICAL RECORDS ADMINISTRATOR	FACTOR (D)	02M 02M REQ AUTH (E) (F)	H WLKD	PERSON REQUIRE REQUIRE (H*146) (H) (I)		MPF (G'J)/148 (J) (K)	<b>1</b>	(HHK4L)	S AB CAL	0 (O)	(M+N)	REQ'E DELTA (Q)
MEDICAL RECORDS ADMINISTRATOR	POSTERONA				307							
	- 10 2 W T	-	1		AAF W		40.00	?	0000		0	9 6
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EJA INPATIENT MEDICAL RECORDS		1						-	0000		7	c
WLF 1: # RECORDS MAINTAINED				Contraction of the contraction o	725 88	85.909 5.000				100	SATURE.	A SECOND
WLF 2: ADS SHEETS (CODING/SCANNING)		A. C. C. C.	1:	e.	290 26							
								A				10
EJA MEDICAL TRANSCRIPTION	POSITIONA	1 1					0000	7 90	0000		7	0
WLF 1: AVG # OF TRANSCRIPTION REPORTS			100	4		###### 4.000						等 经
WLF 2: AVG # OF LINES TYPED			Ž.	6	435 ##	3,000						
							X.				STEEL STEEL	
MEDICAL RECORDS ON SECTION	POSITIONA			123	140	1,000	0000	)C	000 O		-	°
WULF IT AVG # OF REPORTS												
EKA OUTPATIENT MEDICAL RECORDS SECTION		15. 15.			145		000	9				
WLF 1: AVG # OF OUTPATIENT VISITS						52 727 4 000	_	_	0.000	200	01	2 4 X X
WLF 2: AVG # OF INDIVIDUALS ASSIGNED TO DRO	980			5			200					ŀ
			-	5		1						
EJA DRG SECTION	対象を	-					0000	1	0000		-	0
WLF 1: AVG # OF IN&OUTPATIENTS BILLED				-	145 13	13.182 1.000	( Party					1
EJA PATIENT ACCOUNTS		-					0000 6	1 00	0.000		-	0
WLF 1: AVG # OF INCOUTPATIENTS BILLED				1	145 13	13.182 1.000	1			The state	多語	
EJA AUMISSIONS & DISPOSITIONS								-	0000	1	-	0
WELL TO A OF ADMISSIONS		i i	1	-								
WELL AVG + OF DISPOSITIONS	200			-	· 1							
WELL STANDARD TO SIN EVACUATIONS		A DATE OF THE PARTY OF		TANKS CHARLES	450 CC4	39.040 3.000						
EBC HOSPITAL TREASURER								Color Design				4
WIF 1: AVG # OF OCCUPIED RED DAYS			11		445	0.550 0.040				200 March 200 Ma	7000	2 2
				- C.								
EBC MEDICAL SERVICE ACCOUNT SUBSECTION	POSITIONA			A CONTRACTOR OF THE PARTY OF TH	145	001 a	1	(	0000		2	
WLF 1: AVG # OF REPORTS			11	-	4	13, 182 1,000					200	
			2000	2006	400							þ
EBH THIRD PARTY COLLECTION		7 0						-	000 0		7	0
WLF 1: TOTAL # OF CLAIMS BILLED (INPT/OUTER	E		11		435 39	39.545 3.000						
WLF 2: SJA COLLECTION WORKLOAD	1		11	ব	580 52.72	727 4.000						
												5
EJA PATIENT AFFAIRS		2 ::						2	0000		2	٥
WLF 1: AVG # OF HOSPITAL DISPOSITIONS		Service Control	11		145 13	3.182 1.000						
WLF 2: AVG # OF MONTHLY COLLECTIONS			1.1	1	145 13	13.182 1.000	1					
14 Comment of the second of th												
ELA MEDICAL BOARDS		2 2						2	0000		۲۶	0
WLF 1: AVG # OF HOSPITAL DISPOSITIONS			11	-					+ 1			
WLF 2: AVG # OF MONTHLY COLLECTIONS			1.1		145 13	13,182 1,000						

PAD READINESS

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VRLY FTR 0 0.000

TDA RMKS NOTE CODE DEFINED:

HUMAN RESOURCE DIVISION   Factor Resource (##) (##) (##) (##) (##) (##) (##) (##		Ø	<b>«</b>				5								V.O.		
AN RESOURCE DIVISION  AND RESOURCE DIVISION  NACLD  COMBINE  RECORD  R		REO.	ÄELT	ĝ		0		0			0			7			7
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Marie   Mari	JTAL	DDEL EG'S	(N±	3		4	100	4			2			9			9
AN RESOURCE DIVISION   WKLD   C2596	٤.	¥ &	£														
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ASSOUNCE DIVISION   WKLD   C2588   PERSON REQUIRE   FIND   FOTOR   F		2	8	9												þ	
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NUTRITION CARE READINESS C, NUTRITION CARE

**YRLY FTR** 40 0.023

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16 RESOURCE MANAGEMENT DIVISION	FI LEGNARD WOOD MEDDAC				CHIEF, RESOURCE MANAGEMENT DIV	MANPOWER	WLF 1: TOTAL # OF CROSSOVER POPULATION	MEPR/UCAPERS	WLF 1: TOTAL # OF ALL PERSONNEL TYPES	BUDGET	WLF 1: TOTAL # OF ALL PERSONNEL TYPES	WLF 2: CIV PAY - # OF TIME CARDS	NURSE METHOD ANALYST	
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NOTE CODE DEFINED:

FF 1 OCT RMD & MANAGED CARE DIV COMBINE

NOTE: Worksheat utilized for RMD and IMD. Enter data below.

MIF. Assigned Personnel Worksheet.

384

Givillans Assigned (Sit, Resid, Stu, AF&Navy):

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Red Cross Volunteers:

Civillan Students:

BMW/Reserves:

Summer Students (times .25):

Summer Students (times .25):

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11	AUTOMATION MANAGEMENT DIVISION FILEONARD WOOD MEDDAG		MEPR	€		BC	ရှင			S B			EBC			
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		TDA RMKS	1	2

NOTE: Worksheet utilized for RMD and IMD. Enter data in RMD.	ta in RMD.
MTF Assigned Personnel Worksheet:	824
Military Assigned (Stf. Resid, Stu. AF&Navy):	384
Civillans Assigned (Time Sheets):	440
Contract	٥
Red Cross Volunteers:	٥
Civilian Students:	0
BMM/Reserves:	0
Summer Students (times .25):	٥
TOTAL FTES:	824

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18 MANAGED CARE DIVISION FT LEONARD WOOD MEDDAC			CHIEF, MANAGED CARE DIVISION		ELA INT CUSTOMER SUPPORT OFFICE		CASE MANAGEMENT OFFICE	AVG # OF NEW CASES		CONTRACTING OFFICE		MEDICAL CLAIMS SECTION		
18 ANAGE LEONAR	MEPR (B)	100	ELA		۲		ELA			ELA		ELA		
MA	2		Ш							Ш				
PART:	PARA (A)		440:LN01		441.LN01-06		442/LN01-02			443/LN01		445/LN01-03		4
ď	ă	\$	440		441.L		443.L	4 100 00000		443		445/L		
		er with		لقلت		#2I			اعت			-		النعم

MANAGED CARE READINESS - NA

FTR

TDA RMKS

NOTE CODE DEFINED: EFFECTIVE 1 OCT FY 98 MGT CARE AND RM WILL

HEALTH ADVISOR MOVED TO CSD TENTATIVE CONTRACT MERGE.

REG'S DELTA (Q)	0	0	0		0		က					0			7		7.		1.
TOTAL MODEL REG'S (M+N)	3	2	9		9		7					+			4		3		32
NOTE R CODE (							_												
	0.000	0000	0.000		0.00.0		0000					0.00.0			0.000		0.000	100	0.000
REQ OUTSIDE MODEL OUTSIDE NO OUTSIDE OUTSIDE OUTSIDE OUTSIDE	0	0	0.0		0		Ö				100	0		10 to 10 to	_		_		32 0.(
ASAM REQ Combine (K+L); (K+L) (H+K+L)	00	00 1.2	9 00		9 00		2 00					00			00		00		
READI FTR 6 ADD (L)	0.000	0.000	0000		0.000		0.000			4		0.000			0.000		0.000		00000
WLF ERND (G*J)#146 (K)			6.000		6.000			0.319					0.004	8		0.726		0.004	13.053
MPF			4.531		****			0.110					0.551			0.250		0.551	
TOTAL HOURS REQUIRE (H*145)	435	290	870		870		1015					145			580		435		
TOTAL # HOURS PERSON REQUIRE (R*145) (H) (I)	3	2	9		9		1					1			4	有人不是	က		32
WRKLD F			192					421					1			421		-	
0298 AUTH \ (F)	3	2	9		9		. T					-			4		3		32
0298 REQ (E)	3	2	9		9		10					_			7	11.11	4		39
	ONAL	DNAL	TIS		TIS		We for the					DNAL			ONAL				
WKLD FACTOR (D)	POSITIONAL		PT VISITIS		PT VISITIS		POSITIONAL					POSITIONAL	48888		POSITIONAL				
	RVICE				Constitution of the second		2		NS	27400447			EDNC CL		2			111	
	SINE SE		SING		100	A CLUS	25010		N ACTIO	S		ų	C AND		SECTIO	VISITS	TION	SERVICI	
VISION FUNCTION (C)	/E MEDIO	SUPPLIES TO SERVE	TH NUR		ONCEN	T 10 11	חבארום	CTIONS	UCATIO	NALYSI		DESEAS	LIN PRO		EDICAL	ATIENT	NE SEC	AMPLE	TOTALS
DDAC	EF, PREVENTIN	OFC	TY HEAL		COMON	FENTAL	THIN WE	F INSPE	F EH EC	4 40 # 5		LOGY &	G # OF C		ONAL M	0 # OF F	IL HYGI	G # OF S	7.3 7.3
VE MEDIO	CHIEF, PREVENTIVE MEDICINE SERVICE	RAD PROT OFC	COMMUNITY HEALTH NURSING		HEAL I H PROMO I ION CENTER	ENVISONMENTAL LEAD THE SECTION	NO L	1:#0	WLF 2: # OF EH EDUCATION ACTIONS	LF 3: AV		EPIDEMIOLOGY & DESEASE	LF 1: AV		OCCUPATIONAL MEDICAL SECTION	LF 1: AV	INDUSTRIAL HYGIENE SECTION	F 1: AV	
PREVENTIVE MEDICINE DIVISION FT LEONARD WOOD MEDDAC MEPR FUNCTIC (B) (C)	FBB CF	FBD RA	BHF CC		FBB HE		46	WLF 1: # OF INSPECTIONS	M	WLF 3: AVG # OF ANALYSIS		TBT 17	WLF 1: AVG # OF CLIN PROC AND EDUC CLASS		BHG OC	WLF 1: AVG # OF PATIENT VISITS	FBC IN	WLF 1: AVG # OF SAMPLE/SERVICE	
											1 X X				TATE OF THE PARTY				
PART: PARA (A)	911:LN01-3	9118:LN01-02	912/LN01-04	10101010101	LA LEIU	012.01.07	いったの					914/LNU			915/LN01-05		916/LM01-03		
		5	M"		n 4		T.					200	- 1	and '	J) (2)		,		<b>3</b>

PREVENTIVE MEDICINE READINESS

**YRLY FTR** 0 **0.000** 

TDA RMKS

NOTE CODE DEFINED: HEARING CONSERVATION CONDUCTED IN SURGERY DIVISION.

## APPENDIX B

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PART:	3 SURGERY DIVISION		12	FCOMM	FNDED	RECOMMENDED FTR REFACUIT BY CATEGODY	EAKOII.	TRVCA	TEGOD	>					
	FT LEONARD WOOD MEDDAC					DIRECT		5	100	DIRECT		CLINIC/	TOTAL	TOTAL	TOTAL
			%	PROV	*	CARE	8	RAIN	%	CARE	76	ADMIN	EARNED	EARNED	EARNED
PARA	MEPR FUNCTION		(CAT 1)	4.	<u> </u>	100	6	4.00	=	<b>3</b> €	6	(P*%)		(F+G+H)	£ £ 3
				2		9				2		(u)	3	2	3
301/LN01-03	EBD CHIEF, DEPARTMENT OF SURGERY	URGERY	1 00	3.000	0.00	0.000	0.00	0.000	0.00	0.000	1.00	0.000	3	0	8
. OH 1. The second			X.									20.5	A 10 PM	100000	
304/LN01-08	BBA GENERAL SURGERY CLINIC	O	0.75	1.500	0.25	0.500	0.00	0.000	0.67	2.010	0.33	0.890	2	3	5
306/LN01-05	BBD OPTHALMOLOGY		000	0000	8	1 000	000	0000	0.64	1 280	98.0	0.00		•	•
	が、またのかのまで、これでは、10mmでは、またのは、10mmである。					444						2		1	
307/LN01-08	BHC OPTOMETRY		0.00	0.000	1.00	5.000	0.00	0.000	0.64	5.760	0.36	3.240	5	6	14
												100	1000		
308/LN01-09	BEA ORTHOPAEDIC CLINIC		0.73	2.920	0.27	1.080	0.00	0.000	0.61	2.440	0.39	1.560	4	4	80
308A/LN01-03	BEB CAST CLINIC			. T. 1			00.0	0.000	0 93	1.860	0.07	0.140	0	2	2
3084/LN01	BEE ORTHOTIC APPLIANCE LAB	3					00.0	0000	0.79 (	0.000	0.21	0.000	0	0	0
201	3300														
308F/LNU1-05	BEF PODIATRY CLINIC						0.00	0.000	0.64	2.560	0.36	1.440	0	4	4
309/LN01-03	BLB OCCUPATIONAL THERAPY CL	CLINIC					0.00	0.000	0.00	0.000	1.00	4.000	0	4	4
310/LN01-011	BLA PHYSICAL THERAPY CLINIC						00.0	0000	00.0	0.000	1.00	6.000	0	9	9
, 0, 70, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,				3		S 1									
311/LNU1-04	BBF OTOLARYNGOLOGY CLINIC		0.93				1	× 1		1.660	0.17	0.340	-	20	20
יייייייייייייייייייייייייייייייייייייי				0000	3 8	2000	000		0.40	0.000	000	002.0	<b>5</b>	7 -	7
										OÓL:	2000	0000			•
313/LN01-04	BBI UROLOGY CLINIC		0.93	0.930	0.07	0.070	00.0	0.000	0.83	1.660	0.17	0.340	-	2	3
514/LN01	BCC CHIEF, OB/GYN SERVICE		1.00	1.000	000	0000	0.00	0.000	00.0	0.000	1.00	0.000	-	0	-
514/LN02-10	BCB GYNECOLOGY CLINIC		0 7 0	2.800	0.30	1.200	60.0	0.630	0.61	4.270	0.30	2.100	4	7	1
514	BCC OBSTETRICS CLINIC														
	TOTALS	A PART OF THE PART		13,080		8.920		0.830		24.700		22.670	22	48	70

PART:	4			RECOMMENDED FTR BREAKOUT BY CATEGORY	ENDED F	TR BREAK	(OUT B)	CATEG	ORY			CLINIC/	
	ANESTH	ANESTHESIOLOGY & OPERATIVE SVCS										ADMIN	
	FT LEONAF	FT LEONARD WOOD MEDDAC		PROV		DCP				DCPP		SUPPORT TOTAL	TOTAL
			%		%					O.R.S.	%	O.R.S.	EARNED
PARA (AA)	MEPR (AB)	FUNCTION (AC)	(CAT 1)	(K**%) (AD)	(CAT 2)	(AE)	(CAT3)	(K*%) (AF)	(CAT 4)	(K**%) (AG)	(CAT 4)	( <del>K</del> %)	FTR'S (AI)
302/LN01	DFA	ANESTHESIOLOGY		1.950						0.460	5	1.000	က
302A/LN02-0	3 DFA	302A/LN02-03 DFA ANESTHESIA NURSING SERVICE			1	8						200	8
465B/LN01-03 DE_	-	CSS (DEA) / CMS (DEB)	00.0	0.000	0.00	0.000	0.10	0.500 0	0.75	3.750	0.15	0.750	2
465/LN01-12	DFB	<b>OPERATING ROOM NURSING SERV</b>	00.0	0.000	0.00	0.000	0.43 9	9.890 0	0.55	12.650	0.02	0.460	23
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1											10000000
		TOTALS		1.950			1	390		6.860		2.210	39

PROVIDER REQS MAY BE CHANGED TO SUPPORT REQS (1 FOR 1), BUT NOT VICE VERSA.

PART:	PRIMAR	FRIMARY CARE & COMMUNITY MEDICINE		RECOM	AENDED	RECOMMENDED FTR BREAKOUT BY CATEGORY	AKOUT E	Y CATE	SORY						
	FT LEON	FT LEGNARD WOOD MEDDAG	2	ò	•	CARE	•		,	DIRECT	,	CLINIC/ ADMIN	TOTAL	TOTAL	TOTAL
PARA (A)	MEPR (B)	FUNCTION (C)	(CAT 1)	<b>2</b> 9	(CAT 2)	(F. 7)	(CAT 3)	(P*%)	(CAT 4)	Property (Property)	% (CAT 5)	(P*%)	PROV (D+E)	SPT (F+G+H)	E S
														2	
201/LN01-03	EBD	CHIEF, PCCM	1 00	1.000	0.00	0.000	0.00	0.000	0.00	0.000	1.00	3.000	1	3	4
202/LN01-04	BAB	ALLERGY AND IMMUNOLOGY CLINIC	1 00	000	000	0000	00 0	900	0.90	1 800	0.10	0 200		,	,
202A/LN01-04	FBI	IMMUNIZATION CLINIC	00.0	0.000	1.00	0.000	0.00	0.000	69.0	1.380	0.31	0.620	0	2	2
	2								1						
204/LN01-03	BAP	DERMATOLOGY SERVICE	1.00	1.000	0.00	0.000	0.00	0.000	00.0	0.000	1.00	1.000	1	1	2
205/I N01-09	AUA		000	000		0000									
0-1011/07		GENERAL FEDATING SERVICE	00.1	2.000	2000	0000	0.1.	0.440	0.40	1.600	0.49	1.960	3	4	7
205A/LN01-03	91	BDAB EFMP	00 -	1.000	0.00	0000	0.11	0.110	0.40	0 400	0.49	0.490	-		2
			1.00	1,000	00'0	0.000	0.11	0.110	0.40	0.400	0.49	0.490	-		2
							* (2.17)		A COLUMN		10 C				
209A/LN01-12	ВАА	INTERNAL MEDICINE SERVICE	0.73	5.110	0.27	1.890	0 19	1.900	0.43	4.800	0.33	3.300	7	10	17
2444/18/04 04	1	DECEMBATION TO A COLUMN													
Z-1-W-1401-04	Y LO	RESPIRATORY THERAPY SECTION					0.00	0.000	1.00	000'9	800	0000	0	9	ဖ
211 A 11 A 10 E 100	400	021													
211A/LN03/00	0	ENG			d		0.02	0.060	0.94	2.820	0.04	0.120	0	3	က
	2					1000									
Z12/LN01-14	BGA	FAMILY PRACTICE SERVICE	0000	0.000	28	14.000	00.00	0.000	0.80	24.000	0.20	000.9	14	8	44
	E	PHASE II PA PROGRAM	0.00	0.000	- 00	000	00.00	0.000	0.80	0.000	0.20	0.000	1	0	1
214/LN01	BIA	EMERGENCY ROOM	0.91	10.920	0.09	1.080	0.00	0.000	09.0	20,400	0.40	13.600	12	34	46
	Service Control		A STATE OF S	Section (Section Co.	With the second			100 TO 10							
24 404 104 06	V L L	AMERICAN PROPERTY OF THE PROPE													
2 1017 017	793	AMIBOLANCE SERVICE	0.01	0.000	60.0	0.00	0.00	0,000	0.60	12.600	0.40	8.400	0	21	21
215/LN01	BHAM	BHAM CONSOLIDATED TMC	00.0	0.000	1.00	1.000	000	0000	0.00	0000	1 00	0000	-	0	-
70000												***			100
Z15/LN09/24	BHB	MEDICAL EXAM	1 00	1.276	0.00	0.000	0.00	0.000	0000	0000	1.00	000			2
215A/LN01-06	1 1	FBIB IMMUNIZATIONS TM	0.00	0000	1.00	0000	0.00	0.000	0.69	7.590	0.31	3.410	3.410   0   11   11	11	11
215C	BHAB	BHAB HOSPITAL ACUTE MINOR ILLINESS(A	0.00	0000	1.00	2.000	0.00	0.000	99.0	3.300	0.34	1.700	2	5	7
		OIALS		25.306		20.970		2.620		87.090		45.290	46	135	181

NOTES:
PERCENTAGES OF CATEGORIES MAY BE ADJUSTED.
CAT 1 & 2 MUST = 100% OF PROV REQS YIELD (COL J)
CAT 3, 4, & 5 MUST = 100% OF SPT REQS YIELD (COL N) 4 2 6

	TOTAL EARNED FTR'S (D+E+F) (G)	3	0	12	18	43	18	-	2	97
SORY	CLN/ADM SUPPORT [N.W.] (N.%.) (F)	0.090	0.000	0.360	0.540	1,290	0.540	0.030	0.800	3.650
Y CATE	% (CAT 5)	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.40	
RECOMMENDED FTR BREAKOUT BY CATEGORY	DIR CARE P/PROF (IN. %) (N. %)	0.960	0.000	3.840	5.760	24.510	5.760	0.470	0.600	41.900
FTR BRE	% (CAT 4)	0.32	0.32	0.32	0.32	0.57	0.32	0.47	0:30	
MENDED	NURSE (N*%) (D)	1.950	0.000	7,800	11.700	17.200	11.700	0.500	0.600	51.450
RECOM	% (CAT 3)	0.65	0.65	0.65	0.65	0.40	0.65	0.50	0:30	
NURSING OPERATIONS DIVISION	MEPR FUNCTION (C)	EBD C, NURSING OPERATIONS DIVISION	EBD CLINICAL NURSING SERVICE	DJA COMBINED ICU WARD	ACX MTRNL & CHILD WARD	AAX MEDICAL-SURGICAL WD	AFX PSYCHIATRY WARD	DFC RECOVERY ROOM	DGE SURGICAL PRE ADMIT SECTION	TOTALS
PART: NURS	PARA M	451/LN01-03 E	460/LN01-02 E	460A/LN01-09 D	460C/LN01-12 A	460D/LN01-12 A	4660F/LN01-11 A	465D/LN01-08 D	465C/LN01-2 D	

NOTES: PERCENTAGES OF CATEGORIES MAY BE ADJUSTED.

	TOTAL EARNED FTR'S (I+J)	(K)	0	<b>5</b>	15	2	6	8	,		8
	TOTAL EARNED SPT (F+G+H)	2	0		8		9	1			18
	F A - F	≘ ,-	0	-	7	1	3	2		4	20
	CLINIC/ ADMIN SUPPORT (P*%)	1.000	0.000	0000	1.520	0.190	1.140	0.300	0.200	1.280	5.630
	% (CAT 5)	1.00	0.04	0.33	0.19	0.19	0.19	0.10	0.10	0.32	
	CARE P/PROF	0.000	0.000	0.000	6.080	0.810	4.560	0.750	0.500	2.520	15.220
EGORY	% (CAT4)	00.0	96.0	0.67	0.76	0.81	0.76	0.25	0.25	0.63	
RECOMMENDED FTR BREAKOUT BY CATEGORY	NURSE (F'%)	0.000	0.000	0.000	0.400	0.000	0.300	0.000	0.000	0.200	0.900
REAKOUT	E % (CAT3)	00.0	0.00	00.00	0.05	0.00	0.05	0.00	0.00	0.05	
D FTR BF	DIR CARE PROV (L'%) (E)	0.000		0.250	7.000	1,000	3.000	Triesq.		0.000	14.500
AMENDE	% (CAT 2)	0.00		0.25	1.00	1.00	1.00	0.65	0.65	0.72	
RECO		1.000		0.750	0.000	0.000	0.000	0.000	0.000	0.000	1.750
	% (CAT 1)	1 00		0.75	0.00	0.00	0.00	00.0	0.00	0.28	
PART: 8 BEHAVIOR MEDICINE DIVISION FT LEONARD WOOD MEDIAGE	PARA MEPR FUNCTION (A) (B) (C)	93	352/C01 DDB EEG DDC EMG	353/C01 BAK NEUROLOGY SERVICE	BFB		BFB	337/LN01-7 Bre SOCIAL WORK SERVICES	BFEB FAMILY ADVOCACY PROGRAM	33%LNU1-04 BFF SUBSTANCE ABUSE CLINIC	TOTALS

- PERCENTAGES OF CATEGORIES MAY BE ADJUSTED.
- CAT 1 & 2 MUST = 100% OF PROV REQS YIELD (COL J)
- CAT 3, 4, & 5 MUST = 100% OF SPT REQS YIELD (COL N) PROVIDER REQS MAY BE CHANGED TO SUPPORT REQS ( 1 FOR 1), BUT NOT VICE VERSA.

	_				 	 	 			
	TOTAL	FTR'S (D++H)	(i)	35				3		38
	CLINIC/	SUPPORT (M"%)	(1)	5.250				0.450		40.250
•		% (CAT 5)		0.15				61.0		
	DIRECT	PIPROF		22.050			000	1.890		22.200
EGORY		% (CAT 4)		0.63				0.03		
BY CATE		NURSE (M*%)		0.700			0900	0.000		1.330
REAKOUT	<b>-</b>	(CAT3)		0.02			COO			
RECOMMENDED FTR BREAKOUT BY CATEGORY	DIRECT	PROV 2) (M°%)		0.000			0000			0.020
AMEND		% (CAT 2)		7.000 0.00			000			
RECON		PROV (D)		000 /			0.800		1	7,000
Г		(CAT 1)		0.20			0.00			
		FUNCTION (C)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	OLUGI			JE SERVICE		TOTALS	
9 RADIOI OGY DIVISION	FT LEGNARD WOOD MEDDAC	J.	OCA DIAGNOSTIC BANDO OCY	THE STATE OF THE S			NUCLEAR MEDICINE SERVICE		IC.	
9 RADIOLOG	FT LEONARD	MEPR (B)	DCA D	COO			DIA			
PART:		PARA (A)					605/LN01-0			

# NOTES:

- PERCENTAGES OF CATEGORIES MAY BE ADJUSTED. CAT 1 5 MUST = 100% REQS YIELD (COL M) PROVIDER REQS MAY BE CHANGED TO SUPPORT REQS ( 1 FOR 1), BUT NOT VICE VERSA.

2/9/99

		TOTAL	EARNED	FTR'S	ε	37					æ			2	4	54
	CLINIC/	ADMIN	SUPPORT	(Mr%)	£	1.850					1.600			0.750	0.600	4.800
			%	(CAT 6)		0.05				N 10 10 10 10 10 10 10 10 10 10 10 10 10	0 20			0.15	0.15	
	DIRECT	CARE	P/PROF	(MT%)	<u></u>	31.450					5.200			4.250	3.400	44.300
GORY			%	(CAT 4)		0.85					0.65			0.85	0.85	
BY CATE			NURSE	(M-%)	Œ	0.000					0.000			0.000	0.000	0.000
EAKOUT				(CAT3)		00.00					00.00			00.00	00'0	
RECOMMENDED FTR BREAKOUT BY CATEGORY	DIRECT	CARE	PRO	<b>₹</b>	(U)	0.00					0.000			0.000	0.000	0000
MENDED			%	(CAT2)		00.0					0.00	11.2	\$***O*	0.00	00.00	
RECOM			PROV	(M.%)	<u>@</u>	3.700					1.200			0.000	0.00 0.000	4.900
	r		%	(CAT 1)		0.10					0.15			00.00	00'0	
	PATHOLOGY DIVISION	FT LEONARD WOOD MEDDAC		FUNCTION	(0)	CLINICAL PATHOLOGY				報の いっこうしゅん とうしゅうしゅう かんしゅう	ANATOMICAL PATHOLOGY			BLOOD BANK SECTION	BLOOD DONOR SECTION(DNA)	TOTALS
10	PATHOL	FT LEONA		MEPR	<u>(B</u>	DBA					DBB			DBC	FAF	
PART:				PARA	(A)									624H/LN01-03	624J/LN01-03	

- NOTES:
  PERCENTAGES OF CATEGORIES MAY BE ADJUSTED.
  CAT 1 5 MUST = 100% REGS YIELD (COL M)
  PROVIDER REGS MAY BE CHANGED TO SUPPORT REGS (1 FOR 1), BUT NOT VICE VERSA.

2/9/99

PART:	11		RECOMME	NDED FT	RECOMMENDED FTR BREAKOUT BY CATEGORY	OUT BY C	:ATEGOR	<b>&gt;</b> -				
	PHARMACY DIVISION	Z		L	DIRECT			۵	DIRECT	Ü	CLINIC/	
	FT LEONARD WOOD MEDDAC	DAC			CARE				CARE	٩	ADMIN	TOTAL
			% PROV	%	PROV	ž %	NURSE	% P	/PROF	าร	F	EARNED
PARA	MEPR	FUNCTION	(CAT 1) [M"%] (	(CAT 2)	(M%)	(CAT 3)	(M*%) (C	(CAT 4) {	(M*%)	(CAT 5)		FTR'S
(¥)	(B)	(C)	( <u>O</u> )		(E)		(F)		(0)		£	€
											u.	
	DAA PHARMACY		0 00 0 00 0	0.40	11.600	00.0	0.000	0.55	15.950	0.05	1.450	29
215/LN14/18	PHARMACY CMTC	CMTC	0.00 0.000	0.40	0.800	0.00	0.000	0.55	1.100	0.05	0.100	7
	3											
			The second second									
646/LN03	LOGISTICS	LOGISTICS (PRIME VENDOR)	0.00 <b>0.000</b>	0.00	0.000	0.00 0.00		0.00	0.000	1.00	1,000	-
												•
		TOTALS	0000		12.400	)	0.000	1	17.050		2.550	32

- NOTES: PERCENTAGES OF CATEGORIES MAY BE ADJUSTED. CAT 1 5 MUST = 100% REQS YIELD (COL M)

## **APPENDIX C**

WORKLOAD REPORTING PERIOD: FY97(JUL-SEP)-FY98(OCT-JUN)	READINESS ASAM OUTSIDE	C 0298 REQ'S	REQ AUTH ADDITIVE YIELD ADDITIVE	(D)	36 28 0.230 27	89 81 0.559 79	31 30 0.046	203 186 1.544 2	104 98 0.000 97	TRNG, SECURITY 11 9 0.000 10		37 35 0.000 38	43 0.000	0.046	123 76 0.023 116	54 0.000	17 16 0.023 16	41 38 0.023 51	14 14 0.000 14	13 13 0.000 14		39 32 0.000 32	6	45	911 830
PART: 1 REQUIREMENTS SUMMARY FT LEONARD WOOD MEDDAC			PART/PAGE FUNCTION		2 COMMAND SECTION & SPECIAL STAFF	3 SURGERY DIVISION	4 ANESTHESIOLOGY & OPERATIVE SVCS	5 PRIMARY CARE & COMMUNITY MEDICINE	6 NURSING OPERATIONS DIVISION	7 PLANS, EDUCATION, READINESS, TRNG,	8 BEHAVIOR MEDICINE DIVISION	9 RADIOLOGY DIVISION	10 PATHOLOGY DIVISION	11 PHARMACY DIVISION	12 LOGISTICS DIVISION	13 PATIENT ADMINISTRATION DIVISION	14 HUMAN RESOURCE DIVISION	15 NUTRITION CARE DIVISION	16 RESOURCE MANAGEMENT DIVISION	17 AUTOMATION MANAGEMENT DIVISION	18 MANAGED CARE DIVISION	19 PREVENTIVE MEDICINE DIVISION	TOTALS	SHADOW FORCE (NON-ADD) TOTALS	UIC MCW1MLAA TOTALS

	0298 IDA	ASAM
OVERALL REDUCTION - PERCENTAGE		-2.9%
NON-MEDICAL - ACTUAL	374	288
NON-MEDICAL - PERCENTAGE	39.1%	29.3%

(NON-MEDICAL = PARTS 2,7,12-19)